REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages

Please include an application for all new appointments

CHAUTAUQUA COUNTY
DEPARTMENT OF HUMAN RESOURCES
3 North Erie St., Mayville, NY 14757-1007
cchr-municipal@co.chautauqua.ny.us

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an *application(s)*** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) AGENCY NAME: _____

2) EMPLOYEE INFORMATION: (This section ***MUST*** be completed for all types of CHANGES/TRANSACTIONS)

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: (mm/dd/yyyy) _____

City: _____ State: _____ Zip: _____ Phone Number/Email: *(optional)* _____

3) EFFECTIVE DATE OF CHANGE/APPOINTMENT: (mm/dd/yyyy) _____

4) APPOINTMENT: (Changes to an Employee's position/title is considered a new appointment. *An **Application*** is required for verification of qualifications)

Job Title: _____

Previous Title: _____

Pay Rate $: _____

Pay Cycle: ☐ Weekly ☐ Bi-weekly ☐ Other _____

Average Hours Per Week: _____

Retirement Number: _____

SELECT Type of Appointment Below

☐ PERMANENT
☐ **COMPETITIVE** Enter Exam # _____ Certification # _____
☐ PROVISIONAL (**Prior Approval is Required**)
☐ SUBSTITUTE (On Call/As Needed)
☐ TEMPORARY/SEASONAL–Enter Ending Date _____
☐ ELECTED OFFICIAL (**No Application Needed**)

5) PAY RATE CHANGE: NEW RATE $ _____ ENTER REASON _____

6) NAME CHANGE: (Enter ***PREVIOUS*** name) _____

7) HOURS CHANGE: *(Enter Average Hours Per Week)* NEW HOURS _____ ENTER REASON _____

8) LEAVE OF ABSENCE: **(Paid & Unpaid)** END DATE (mm/dd/yyyy) _____
☐ Administrative Order ☐ Medical Non-Occupational/***Section 73 CSL*** ☐ Workers Comp/***Section 71 CSL*** Other _____

9) SUSPENSION: *(Please indicate reason in remarks)* END DATE (mm/dd/yyyy)

10) REINSTATEMENT FROM: RETURN DATE (mm/dd/yyyy) _____ PAY RATE $ _____
☐ Administrative Order ☐ Medical Non-Occupational/***Section 73 CSL*** ☐ Workers Comp/***Section 71 CSL*** Other _____

11) TERMINATION: *(Please indicate reason in remarks)* ☐ Resignation ☐ Retirement ☐ Temporary/Seasonal
☐ End of Term ☐ Removal ☐ Deceased ☐ **Layoff** (***Prior Civil Service Approval Required***)

12) REMARKS:

13) SIGNATURE OF APPOINTING AUTHORITY/*DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:*

Name & Title: _____ ☐ **Approved** **Date:** _____
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) ***CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:*** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. *Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.*

Exceptions/Notes:

☐ Application ***Approved/On-file*** ☐ License/Certificate ***Approved/On-file*** Probationary Period: Start Date: _____ End Date: _____

CS Status: _____ CS Action: _____ Position IN: _____ OUT: _____

Seniority Date: _____ CS Seniority Date: _____ Jurisdictional Class: _____ Provisional/Scanned ☐

For the **Director of Human Resources:** _____ **Date:** _____ **Certified Thru:** _____